VERIFICATION OF EARNINGS This form is acceptable for both City of Lansing, and MSHDA projects.

Name of Employee (person holding the job)?			What is the name of the business where the person holding the job is working?				
Address:							
			Bu	Business Address:			
City: State: Zip:							
Social Security Number of person hold	ing the job:		City	<i>/</i> :	State:	Zip:	
I authorize my employer to rel	ease the ir	nformation below.					
Employee Signature:				Date:			
This section to be filled out by the employer							
Employee's name as it appears on your records:				Employee's Title, Position or Work:			
Current Average number of hours per week:	Straight Tim	ne:	Overtir	ne Hours (if applicable):	cable): Overtime is paid at rate of:		
Current Rate of Pay: Per: \$	Effective Da	ate:	New R	ate of Pay:	Effective Date:		
Amount of Bonus, Incentive Pay, Commission, and/or Tips: \$		\$	Per:				
Amount deducted for medical/hospital/insurance: \$		\$	Per (wee		ly, bi-monthly):		
If seasonal or sporadic employment, gir	ve lay-off perion	ods:					
Does the employee receive any por Earned Income Tax Credit as part of			s If	yes, how much? \$		Per:	
			Recalled to Work: Termination Date:				
Firm or Employer Name:			Telephone Number:				
Business Address:		City:		State:	Zip:		
I understand that any false pretense, including any false statement or representation; or the fraudulent obtaining of money, real or personal property; or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any state or federally funded program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.							
Signature:	Title:	Title:		Date:			